## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|               | 40.5       | ILED        | AF             | TER<br>NOMENT    | AFT<br>2nd AME | TER              |
|---------------|------------|-------------|----------------|------------------|----------------|------------------|
|               |            | No.         |                |                  |                |                  |
|               | IND.       | DEP.        | IND.           | DEP.             | IND.           | DEP.             |
| 1             | 1          |             |                | -                |                |                  |
| 2             | <b>—</b> — | 1           |                |                  |                |                  |
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| 11            |            |             |                |                  |                |                  |
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| 33            |            |             |                |                  |                |                  |
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| 36            |            |             |                |                  | _              |                  |
| 37            | _          | -           |                | +                | -              |                  |
| 38            |            |             |                |                  |                |                  |
| 39            |            |             |                | <del></del>      | <b></b> -      |                  |
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| 41            |            |             |                |                  | <u> </u>       |                  |
| 42            |            |             |                | <u> </u>         | <u> </u>       |                  |
| 43            |            |             |                |                  |                |                  |
| 44            |            |             |                |                  |                |                  |
| 45            |            |             |                |                  |                |                  |
| 46            |            |             |                |                  |                |                  |
| 47            |            |             |                |                  |                |                  |
| 48            |            |             |                |                  |                |                  |
| 49            | -          |             |                |                  |                |                  |
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| TOTAL<br>IND. | 12         | 1           | _              |                  | l              |                  |
| TOTAL<br>DEP. | 111        | 2 ←         |                | -                |                | <b>—</b>         |
| DEP.          | 400        | 15350000000 | <b>—</b>       | Statement of the |                | N. St. Charge of |
| TOTAL         | 5-1        |             | L              |                  | L              |                  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-96)

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